

Disabled Persons Parking Scheme - Application

This form has two parts to be completed.

- **Part A must be completed by the applicant (the person with the disability) or the applicant's agent.** If filled in by an agent, please ensure all information relates to the applicant only (eg, If the applicant cannot drive please answer 'Passenger Only' and do not provide a Licence No).
- **Part B must be completed by a Medical Practitioner, Specialist Medical Practitioner or Clinical Psychologist** as nominated by the applicant. Please note you do not need to go to your own regular practitioner, provided the practitioner is providing accurate information.

Is the application being filled in by the applicant's agent?

No

Yes

Part A — Disabled Applicant's Details Please use BLOCK LETTERS

Surname: _____

Given Name: _____

Date of Birth: _____

Residential Address
of Applicant: _____

(within City of Boroondara) _____

Contact Numbers

Landline: _____

Mobile: _____

Postal Address for
Permit: _____

Is the label for a: Driver/Passenger

Passenger

Temporary Permit

If driver/passenger, please complete the below fields.

Drivers Licence No.: _____

Expiry Date: _____

What is your disability? _____

What appliance(s) do
you use as an aid? _____

PRIVACY STATEMENT

The personal information requested on this form is being collected by council for the purpose of issuing an individual disabled persons parking permit, in accordance with the Road Safety (Road Rules) Regulations (Vic) 1999 and associated code. The personal information will be used solely by council for that primary purpose or directly related purposes. Council may disclose this information to other municipal councils for the purpose of confirming the existence of a valid disabled persons parking permit issued by the City of Boroondara. If this information is not collected council may not issue a disabled persons parking permit. The applicant understands that the personal information provided is for the purpose of issuing a disabled persons parking permit and that he or she may apply to council for access to and/or amendment of the information. Requests for access and or correction should be made to council's privacy officer.



Postal Address Private Bag 1, Camberwell VIC 3124

Telephone 9278 4444 | Fax 9278 4466

National Relay Service (hearing or speech impairment) 1300 555 727 or TTY/voice calls 133 677

Email boroondara@boroondara.vic.gov.au | Website www.boroondara.vic.gov.au

Camberwell: 8 Inglesby Road, Camberwell

Kew: Corner Cotham Road and Civic Drive, Kew

Hawthorn: 584 Glenferrie Rd, Hawthorn

To use a telephone interpreter T 131 450



Declaration by Applicant

I make this declaration in the firm belief that all the information provided on this form is, to the best of my knowledge, true and correct and I am aware that false declarations may be punishable by law. I will fully comply with the 'Conditions of Use' for the Permit. If my circumstances change in anyway likely to affect my eligibility for the permit, I agree to notify the issuing authority within fourteen (14) days. I further agree that the permit remains the property of the issuing Council and will be returned within seven (7) days of notification of such return being required. **The applicant's agent may sign and take full legal responsibility on the applicant's behalf.**

Name of Applicant

Applicant's Signature

Date

Applicant's Agent Authority

Name of Agent: _____

Address of Agent: _____

Agent's Phone Number: _____

Agent's Signature: _____

I _____ give the City of Boroondara authority to speak to the above agent to collect any further information required in order to process my disabled permit application. **Please note ONLY the applicant may sign this declaration.** If the applicant is unable to sign, please provide legal authority to act on behalf of the applicant.

Applicant's Signature

Written Authority by Applicant/Applicant's Authorised Agent

(Note: This authority is to be given for the Medical Practitioner, Specialist Medical Practitioner or Clinical Psychologist to fill in this form with relevant information regarding the applicant's medical condition for the assessment of applicant's eligibility.)

Name of Practitioner: _____

Address of Practitioner: _____

I hereby authorise you to complete my application for a disabled Person's Parking Permit and to forward it to the City of Boroondara.

I further authorise you to provide additional medical information or opinion relevant to the consideration or any reconsideration of my application as may be reasonably requested by the authorised Council officer.

Name of Applicant or Agent in Block Letters

Applicant's or Agent's Signature

Date

Part B — Statement for completion by a Medical Practitioner, Specialist Medical Practitioner or Clinical Psychologists Please use BLOCK LETTERS

Please note: The information on this form will be used by Council staff to determine the eligibility of your patient for a Disabled Persons' Parking Permit. A permit will not be issued unless all details on the application are completed.

1. What is your patient's disability? _____

2. Is the significant disability permanent? No Yes

IF NO:

a. Is the significant disability likely to last less than six months? No Yes

b. Based on your assessment of the best case scenario for your patient's recovery, how long do you anticipate the patient will require a disabled parking permit? _____

3. Does your patient require additional space to access his/her vehicle due to their disability? No Yes

IF YES:

a. Does your patient's disability require him/her to continually use an appliance for support to aid his/her mobility? No Yes

IF YES:

i. What appliance does your patient use as an aid? _____

ii. Does the use of the aid cause your patient the need to use this space? No Yes

iii. Is the mobility aid consistent with the applicant's disability? No Yes

iv. Is the mobility aid considered a complex walking aid? No Yes

* A complex walking aid is defined as an aid which has more than one contact point with the ground. Walking sticks (even when multi-pronged) are NOT complex walking aids.

4. Does your patient's disability affect their capacity to walk distances such that they require rest breaks? No Yes

5. Does your patient's disability result in extreme danger to themselves or others in a public place without the continuous attendance of a caregiver? No Yes

6. Does the disability affect their capacity to walk to such an extent that it may become severely injurious (as opposed to inconvenient) to their health? No Yes

7. Does your patient have an acute or chronic illness which may affect their health in the immediate or long term should they need to walk a long distance? No Yes

8. Does the patient have an acute or chronic illness OR an intellectual disability whereby without continuous attendance by a caregiver, they may be an extreme danger to themselves or others in a public place? No Yes

9. Please include any additional supporting information known to you regarding the patient's application.

Declaration by Medical Practitioner, Specialist Medical Practitioner or Clinical Psychologist

I make this declaration in the firm belief that all the information provided on this form is, to the best of my knowledge, true and correct and I am aware that false declarations may be punishable by law.

Name of Medical Practitioner, Specialist Medical Practitioner
or Clinical Psychologist in block letters

Signature of Medical Practitioner, Specialist Medical
Practitioner or Clinical Psychologist in block letters

Date

Qualifications

Telephone Number

Address

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An appropriate charge for completion of this application and any necessary examination is to be borne by the applicant.

Once completed, please return this form to:
City of Boroondara
Local Laws
Private Bag 1
CAMBERWELL VIC 3124

Please allow up to 2.5 weeks for the assessment and posting of any relevant communications (including permit if successful) by Council. If you have not heard from Council within the specified timeframe you may contact the City of Boroondara during business hours on (03) 9278 4444.